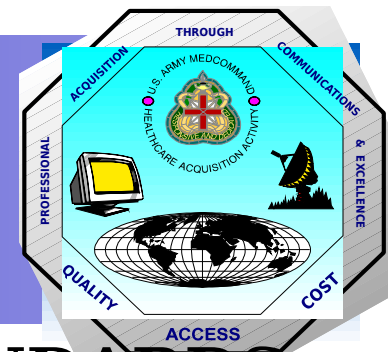




MEDCOM Healthcare Acquisition Activity



SUGGESTED REVIEW RATING STANDARDS

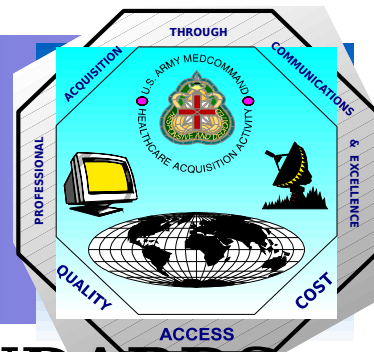
EXCELLENT RATING CRITERIA:

- Cardholder(s) consistently purchase the mandatory items from the mandatory sources.
- Cardholder(s) are bulk funded and paperwork is on file documenting such.
- Local Purchase Authority is annotated on each purchase request.
- Cardholder(s) obtain Billing/Certifying Official approval/signature prior to every purchase.
- Cardholder(s) have NO split purchases.
- All property book items have been accounted for.

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MEDCOM Healthcare Acquisition Activity



SUGGESTED REVIEW RATING STANDARDS

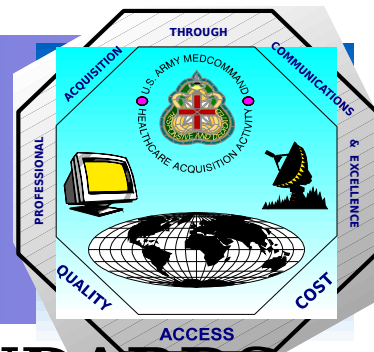
EXCELLENT RATING CRITERIA (continued):

- Cardholder(s) consistently and accurately maintain transaction register/log.
- Cardholder(s) statements are reconciled and forwarded to the Billing/Certifying Official within 5 days of receipt or in a timely manner.
- There are NO instances of someone other than the Billing/Certifying Official or his/her Alternate instructing the cardholder to make purchases.
- The Billing/Certifying Official is date stamping the BAS, providing a copy to the Budget Officer/Comptroller and forwarding it the appropriate DFAS within 15 days of receipt.

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MEDCOM Healthcare Acquisition Activity



SUGGESTED REVIEW RATING STANDARDS

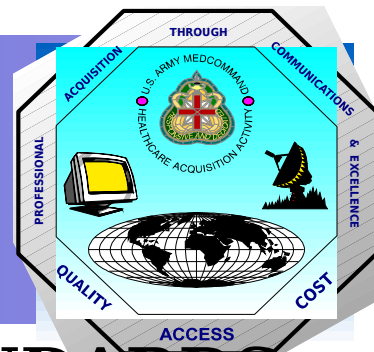
SATISFACTORY RATING CRITERIA:

- Cardholder(s) normally purchase the mandatory items from the mandatory sources, with few instances of not doing so.
- Cardholder(s) are bulk funded and paperwork is on file documenting such.
- Local Purchase Authority (LPA) is generally annotated on each purchase request with no more than 6 instances of having no LPA.
- Cardholder(s) generally obtain Billing/Certifying Official approval/signature prior to every purchase, with no more than 5 instances of either having no approval/signature or obtaining it post-purchase.

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MEDCOM Healthcare Acquisition Activity



SUGGESTED REVIEW RATING STANDARDS

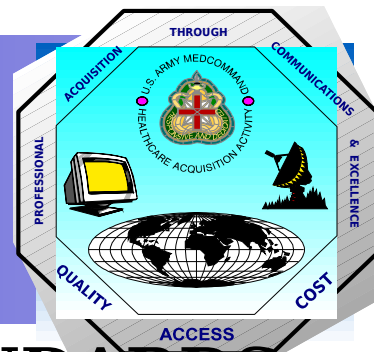
SATISFACTORY RATING CRITERIA (continued):

- Cardholder(s) have NO split purchases..
- Cardholders are maintaining transaction register/log with only minor errors.
- Cardholder(s) statements are forwarded to the Billing/Certifying Official within 5 days after receipt.
- The Billing/Certifying Official is date stamping the BAS, providing a copy to the Budget Officer/Comptroller and forwarding to the appropriate DFAS within 15 days of receipt.

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MEDCOM Healthcare Acquisition Activity



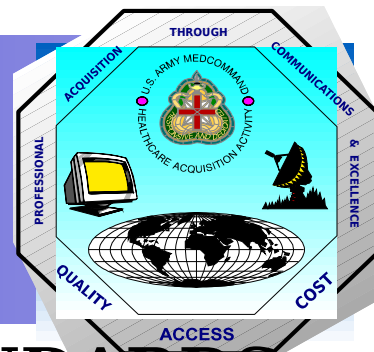
SUGGESTED REVIEW RATING STANDARDS

NEEDS IMPROVEMENT RATING CRITERIA (IF ANY ONE OF THE FOLLOWING APPLY):

- No more than one split purchase during the period being reviewed. Not considered a split purchase if files are documented that cardholder was unaware of second need at time of the original purchase.
- The account has been on the MEDCOM delinquent list TWO times during the period being reviewed because the Billing/Certifying Official has not submitted the BAS to the appropriate paying office. However, if the Billing/Certifying Official has submitted the BAS to DFAS and the BAS is delinquent or has not been paid through no fault of his/her own, then this should not be a rating factor and he/she is not rated "Needs Improvement" for this.



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SUGGESTED REVIEW RATING STANDARDS

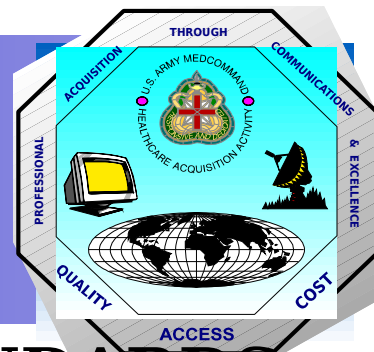
NEEDS IMPROVEMENT RATING CRITERIA (IF ANY ONE OF THE FOLLOWING APPLY) **(continued):**

- The Cardholder(s) has/have consistently made unauthorized purchases without obtaining the Billing/Certifying Officials signature authorizing such purchases.
- Any TWO items of the times under “Satisfactory” are not being accomplished.

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MEDCOM Healthcare Acquisition Activity



SUGGESTED REVIEW RATING STANDARDS

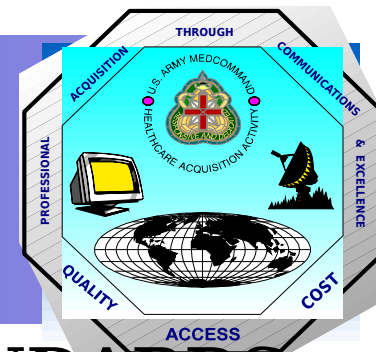
UNSATISFACTORY RATING CRITERIA (IF ANY ONE OF THE FOLLOWING APPLY):

- Evidence indicates the cardholder(s) permitted others to use his/her card for purchases.
- There is more than one incident of split purchases (not considered a split purchase if the files are documented that cardholder was unaware of second need at time of the original purchase).

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MEDCOM Healthcare Acquisition Activity



SUGGESTED REVIEW RATING STANDARDS

UNSATISFACTORY RATING CRITERIA (IF ANY ONE OF THE FOLLOWING APPLY) (continued):

- The account has been on the MEDCOM delinquent list MORE THAN TWO TIMES during the period being reviewed because the Billing/Certifying Official has not submitted the BAS to the appropriate paying office. However, if the Billing/Certifying Official has submitted the BAS to DFAS and the BAS is delinquent or has not been paid through no fault of his/her own, then this should not be a rating factor for “UNSATISFACTORY”.

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